

ANNUAL REPORT
OF THE
COMMISSION ON MENTAL HEALTH AND ADDICTION



October, 2012

INDIANA LEGISLATIVE COUNCIL

2012

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COMMISSION ON MENTAL HEALTH

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South Bend

Kurt Carlson
Warsaw

Jane Horn
Richmond

Rhonda Boyd-Alstott
New Albany

Staff

Susan Kennell
Attorney for the Commission

Chris Baker
Fiscal Analyst for the Commission

I. STATUTORY DIRECTIVE

The Commission on Mental Health and Addiction is established by IC 12-21-6.5 to do the following:

- (1) Study and evaluate the funding system for mental health and addiction services in Indiana.
- (2) Review and make specific recommendations regarding the provision of mental health and addiction services delivered by community providers and state operated hospitals. The review and recommendations must cover services to all age groups including children, youth, and adults.
- (3) Review and make recommendations regarding any unmet need for public supported mental health and addiction services:
 - (A) in any specific geographic area; or
 - (B) throughout Indiana.

In formulating recommendations, the commission shall consider the need, feasibility, and desirability of including additional organizations in the network of providers of mental health and addiction services.

- (4) Monitor the implementation of managed care for persons with mental illness and addictive disorder that is paid for in part or in whole by the state.
- (5) Make recommendations regarding the commission's findings to the appropriate division or department of state government.

The Legislative Council assigned the following additional responsibilities to the Commission for the 2012 interim:

- A. Whether prosecuting attorneys should be allowed to file a petition alleging that a child is a child in need of services under IC 31-34-1-6;
- B. The unmet mental health needs of children within the juvenile justice system, including children in need of services and delinquent children; and
- C. Involuntary commitment of persons with substance use disorders, including the following:
 - (1) Whether the involuntary commitment statute is underutilized;
 - (2) Whether the state should inform the public, law enforcement, and judiciary of the current Indiana laws on involuntary commitment; and
 - (3) Whether the state has adequate resources to provide treatment for persons with substance use disorders.

II. SUMMARY OF WORK PROGRAM

The Commission met three times during the 2012 interim, on August 27, 2012, September 17, 2012, and October 15, 2012.

At the August 27, 2012, meeting, the Commission received an update on mental health services

in Indiana and information on detention and commitment statutes.

At the September 17, 2012 meeting, the Commission heard presentations on Children in Need of Services when the children have mental health needs (CHINS 6).

At the October 15, 2012, meeting there was a presentation on behalf of the Council on Evansville State Hospitals, two bill drafts were discussed and approved, and the final report of the Commission was approved.

III. SUMMARY OF TESTIMONY

Meeting minutes for the Commission can be accessed from the General Assembly Homepage at <http://www.in.gov/legislative/>

August 27, 2012

Mr. Kevin Moore, Director, Division of Mental Health and Addiction (DMHA), Family and Social Services Administration (FSSA), updated the Commission on the mission and priorities of the DMHA, including information on addiction and the following four different types of involuntary commitment: (1) immediate detention, (2) emergency detention, (3) temporary commitment, and (4) regular commitment.

Mr. Richard Turner, Magistrate, Marion County Superior Court, Probate Division, provided the Commission with information on the detention and commitment statutes. Mr. Turner indicated that he believes the commitment and detention statutes work properly. Mr. Brad Hoffeditz, Trooper, Indiana State Police, discussed the ways in which police officers are generally involved in situations involving individuals with mental illness. Ms. Sharon Blair, Social Justice Advocate, discussed her experiences in seeking substance abuse treatment for her daughter.

September 17, 2012

There was discussion concerning issues surrounding CHINS 6. Mr. Kevin Moore, DMHA, explained the services DMHA provides to children who are CHINS 6 children. Mr. John Ryan, Chief of Staff, and Ms. Lisa Rich, Deputy Director of Programs and Services, Department of Child Services (DCS), discussed the plans DCS is developing to better address providing services to CHINS 6 children. The plan is being implemented as a pilot program and relies strongly on obtaining services from community mental health centers. DCS supports using DCS local attorneys to exclusively have the authority to file CHINS 6 petitions.

Attorney General Greg Zoeller discussed the role of the office of the Attorney General in CHINS 6 cases. The Attorney General presented his proposal that includes having all CHINS 6 case appeals handled by the office of the Attorney General to insure that there is consistency statewide in policies at the appeals level.

Ms. Suzanne O'Malley, Indiana Prosecuting Attorneys Council, informed the Commission that the Prosecuting Attorneys Council believes that, in addition to DCS attorneys filing CHINS 6 petitions, the prosecuting Attorneys should also have the authority to file CHINS 6 petitions. Mr. Larry Landis, Executive Director, Public Defenders Council, supported the position of the Prosecuting Attorneys Council that prosecuting attorneys should have the authority to file CHINS 6 petitions. Ms. Karen Lueck, Wayne County Public Defenders' Office, Ms. JauNae Hanger, Indiana Bar Association Civil Rights of Children Committee, and Ms. Kaarin Lueck, Public Defender, Richmond, supported allowing prosecuting attorneys to file CHINS 6 petitions.

Ms. Cathy Graham, Executive Director IARCCA, discussed the need for proper mental health treatment for children and their families. Dr. Matt Aalsma, Advisory Board for the Indiana Juvenile Mental Health Screening, Assessment, and Treatment Project, discussed the need for a statewide, evidence-based treatment system to care for youth identified with mental health disorders. Mr. Bill Glick, Indiana Juvenile Justice Task Force, Inc., discussed how the Department of Correction (DOC) provides mental health services to youth.

Ms. Barbara Collins-Layton and Ms. Jill Garner presented letters from parents detailing the difficulties they had obtaining services for their children.

Mr. Matt Brooks, Chief Executive Officer, Indiana Council of Community Mental Health Centers, Inc., discussed the Council's readiness to supply services under the new plan DCS is implementing for providing services to CHINS 6 children.

Ms. Pam, McConey, National Alliance on Mental Illness (NAMI), discussed objectives for providing mental health services to children.

October 15, 2012

Judge Brett Niemeier and Representative Suzanne Crouch made a presentation on behalf of the Council on Evansville State Hospitals.

The following bill drafts were discussed:

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| PD 3298 | Allows a law enforcement officer to detain an individual under the immediate detention statute if the individual is (1) mentally ill; (2) either dangerous or gravely disabled; and (3) in immediate need of hospitalization. "Gravely disabled" is added to the statute and is defined as a condition in which an individual is unable to meet the individual's basic human needs . The addition of gravely disabled makes the statute for immediate detention identical to the statues governing emergency and temporary commitment. The draft was amended and approved by consent. |
| PD 3325 | Authorizes prosecuting attorneys to file CHINS 6 petitions for a period of two years beginning July 1, 2012, and ending June 20, 2014. The draft was |

approved by consent.

The drafts will be incorporated into other drafts dealing with mental health and the Department of Child Services respectively.

The final report of the Commission was approved by consent.

IV. COMMISSION FINDINGS AND RECOMMENDATIONS

The Commission recommended the following bill drafts:

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|---------|---|
| PD 3298 | Allows a law enforcement officer to detain an individual under the immediate detention statute if the individual is (1) mentally ill; (2) either dangerous or gravely disabled; and (3) in immediate need of hospitalization. "Gravely disabled" is added to the statute and is defined as a condition in which an individual is unable to meet the individual's basic human needs . The addition of gravely disabled makes the statute for immediate detention identical to the statutes governing emergency and temporary commitment. |
| PD 3325 | Authorizes prosecuting attorneys to file CHINS 6 petitions for a period of two years beginning July 1, 2012, and ending June 20, 2014. |

WITNESS LIST

August 27, 2012

Mr. Kevin Moore, Director, DMHA
Mr. Richard Turner, Magistrate, Marion County Superior Court, Probate Division
Mr. Brad Hoffeditz, Trooper, Indiana State Police
Ms. Sharon Blair, Social Justice Advocate

September 17, 2012

Mr. Kevin Moore, Director, DMHA
Mr. John Ryan, Chief of Staff, DCS
Ms. Lisa Rich, Deputy Director of Program and Services, DCS
Attorney General Greg Zoeller
Ms. Suzanne O'Malley, Indiana Prosecuting Attorneys Council
Mr. Larry Landis, Executive Director, Public Defenders Council
Mr. Matt Brooks, Chief Executive Officer, Indiana Council of Community Mental Health
Centers
Ms. Karen Lueck, Wayne County Public Defenders Office
Ms. Barbara Collins, Advocate
Ms. Jill Garner, Advocate
Ms. Cathy Graham, Executive Director IARCCA
Dr. Matt Aalsma, Advisory Board for the Indiana Juvenile Mental Health Screening,
Assessment, and Treatment Project
Ms. JauNae Hanger, Indiana Bar Association Civil Rights of Children Committee
Mr. Bill Glick, Indiana Juvenile Justice Task Force, Inc.
Ms. Kaarin Lueck, Public Defender, Richmond
Ms. Pam McConey, NAMI

October 15, 2012

Judge Brett Niemeier
Representative Suzanne Crouch